

12 CV 05155

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Michael Straker

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

City of New York

Dora B. Schriro

Mayor Bloomberg

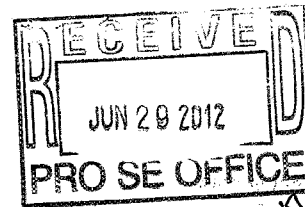
John Doe Corizon Health Services Manager A.M.K.C.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)
1983 - 2000 ee

Jury Trial: ☒ Yes ☐ No
(check one)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Michael Straker

ID # 241-11-04375

Current Institution A.M.K.C. C-95

Address 18 18 Hazen Street
East Elmhurst New York 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name City of New York Shield # _____
 Where Currently Employed Corporation Counsel
 Address 100 church street
New York New York 10007

Defendant No. 2 Name DORA B SCHRIRO Shield # _____
 Where Currently Employed Commissioner D.O.C. OF N.Y.
 Address 75 - 20 Astoria Boulevard
East Elmhurst New York 11370

Defendant No. 3 Name Mayor Michael Bloomberg Shield # _____
 Where Currently Employed gracie Mansion
 Address C I T Y H A L L
New York New York

Defendant No. 4 Name A.M.K.C. CORIZON MANAGER (J.D.) Shield # _____
 Where Currently Employed A.M.K.C. Facility C-95
 Address 18 18 Hazen Street
East Elmhurst New York 11370

Defendant No. 5 Name [REDACTED] Shield # _____
 Where Currently Employed [REDACTED]
 Address [REDACTED]

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? A.M.K.C.

B. Where in the institution did the events giving rise to your claim(s) occur? Intake area
Medical identification and bedding (Housing Area), clothesbox

C. What date and approximate time did the events giving rise to your claim(s) occur? This
issue occurred upon my intake date of which is not exactly known
to the plaintiff at this time.

It was stated in DELANEY V SELSKY 899 F.SUPP.923 to prevent a manifest injustice and clear error of law that a use of improper bedding is cause for significant and atypical hardship.

What happened to you?

D. Facts: In approximately 2010 the NEW YORK CITY budget for the department of corrections eliminated the CORCRAFT and inner State facility mattress shop materials (BEDDINGS) for a more

Who did what?

cheeper and cost effective bedding(((Mattress))) It was already in error for having beds all one size and not accomadating for people over 5'11" tall but it also chose to overlook health and or other legal ramifications and detriment to the inmate population when they substituted the standard mattresses for non NEW YORK

Was anyone else involved?

STATE STANDARD Mattress matys incomplete bedding sets and issued them to the full inmate population at rikers island. Causing the plaintiff extreme lower back pain and leg soreness. Mayor Bloomberg, Dora B Schriro , Corporation Counsel all are responsible to access a viable budgetary system in NEW YORK CITY to assure compliance with the State Correctional; health and hospital and chiropractic regulations for bedding et.al. in the City of New York Correctional System. That the failure to issue proper size bed frame and mattress as per individual is cause for the extreme leg

Who else saw what happened?

and back pain. The fact that pillows are not given out to all of the detainees and not to the deponent is further cause as I am the sole victim of the defendants with neck pain as well The sad thing is that the manager of the CORIZON health services has also failed to declare an emergency and have the health department mandate emergency measures as the problem is of epidemic proportion

III. Injuries: SEE MEDICAL RECORDS

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. EXTREME PAIN IN LOWER BACK AND NECK AND LEGS . Exacerbation of prior injuries . Extreme emotional distress as I cannot make a bed or mattress and everytime I am able to get an extra blanket to stuff with a sheet to build a mattress it is taken on the search.

Cruel and unusual punishment against the detainee herein as an individual and as a class of people is also a hate crime ..

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). 2011

Since 2011 I have been in the following correctional facilities. A.M.K.C.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes X No Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No X Do Not Know

If YES, which claim(s)? They claim issue is a budget issue.

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes X No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes No X

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

GRIEVANCE: FILED IN A.M.K.C. FACILITY

1. Which claim(s) in this complaint did you grieve? The mattress and Bed Frame size and style is inappropriate for my weight/height.

2. What was the result, if any? grievance declared they cannot do anything to fix the problem.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. contacted outside agencies sought appeal mechanism but was told there are none other than appeal through the courts.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: not applicable.

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I filed the grievance and was told D.O.C. has to address this issue because the grievance department cannot do anything other than file the grievance. Called inspector General at 212 266 1900 and reported incident, and called 212 5773530 the prisoners rights project all investigations were pending. Wrote to health department, d.o.c. b.o.c. to seek emergency relief.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). compensatory damages 5,000,000.00 dollars., treble damages 45,000,000.00 dollars Nominal damages with costs and fees 400,000,000 .00 dollars and for such other and further relief to be deemed just and proper in and under the extreme circumstances of this matter as the issue is known to the city and all defendants and they still fail to make concessions and reasonable accommodations for the plaintiff class.

On
these
claims

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☐ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 15 day of June, 2012.

Signature of Plaintiff

Inmate Number

Institution Address

Michael Straker

241-11-04875

18 18 Hazen Street

East Elmhurst New York 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 15 day of June, 2012 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Michael Straker

WARNING

Improper cleaning and/or disinfection will shorten the life of this product.

Cleaning/Disinfection Instructions

Soils and stains: use soft sponge with neutral suds and warm water.

Hard to clean spots: use standard liquid household vinyl cleaners and soft sponge.
Pre-soak if needed.

Do Not Use

Harsh Cleaners or Solvents.

Disinfection: dilute disinfectants and/or germicides as specified on manufacturer's product label.

Use Disinfectants Only

In Those Dilutions Recommended
By the Manufacturer.

Bob Barker Company, Inc. Fuquay-Varina.

This exhibit has a compliant identification number 1932

JV30754GDBL of which is the main number for all of the mattresses

UNDER PENALTY OF LAW
TAG NOT TO BE REMOVED
EXCEPT BY THE CONSUMER

ALL NEW MATERIAL
Consisting of

100% THERMALLY BONDED
FIRE RESISTANT
POLYESTER STAPLE

REG. NO. NC-769

Certification is made by the manufacturer
that the materials in this article are
described in accordance with law.

BOB BARKER CO. INC

P.O. BOX 429
FUQUAY-VARINA, NC 27526

MADE IN USA

Manufactured by:
Bob Barker Co., Inc.
7925 Purfoy Road
Fuquay-Varina, NC 27526

Date of Manufacture:

Model: 1632 COMPLAINT
JV30754GDBL
Prototype ID: PJM25754-1

This mattress meets the requirements of
16 CFR 1633 (federal flammability (open
flame) standard for mattress sets) when
used without a foundation.

THIS MATTRESS
IS INTENDED TO BE USED
WITHOUT A FOUNDATION

This product was made by N.Y.S.D.O.C.S. at Eastern Correction facility. The Eastern Correction facility for prisoners uses their cleaning products are for through cleaning of their products, meanwhile Bob Barker products request standard liquid household vinyl cleaners .with a note do not use harsh cleaners,nor any harsh solvents . The disinfectants we use say dangerous to humans and domestic animals. These mats start at 4 inches but reduce in a quick pace to a lesser size and cause extreme back pain..Thata P.A. at WEST FACILITY CLININ 18 lower A.M.K.C. C-95 Cooper(phone -tic) has personally eyewitnessed the mattresses and declared said mattresses to be too thin for human beings to sleep on, she is medical and declared this is a serious D.O.C. issue, and she issued medication for lower back pain see medical records.

**DO NOT REMOVE THIS TAG
UNDER PENALTY OF LAW.**

**ALL NEW MATERIAL CONSISTING OF
100% POLYESTER FILLING
AND
FLAME RETARDANT VINYL COVERING**

Reg. No. NY - 6389

MADE BY EASTERN CORRECTIONAL FACILITY INDUSTRY NAPANOCH, NY 12458 Open market sale Prohibited	Certification is made that the materials in this article are described in accordance with law.
--	---

EA035 (6/97)

LIBERTY L -670
LIBERTY L-671
Diamond Milcide

THIS PRODUCT IS COVERED WITH..



DAF AB

CARE AND CLEANING RECOMMENDATION

REMOVAL OF SURFACE SOIL AND STAINS
Simply washing or brushing the stain with a mild neutral pH soap and warm water will achieve removal of surface soil and most surface stains. When brushing, use a soft bristle brush. Always rinse with warm water and allow to air dry.

DISINFECTION
When using a cleaning agent, always use mild disinfectants and only in the dilute concentrations recommended on the manufacturer's label. Never use concentrations higher than recommended, as damage to the product may occur.

CAUTION
Laundering is not recommended. Solvent based and harsh cleaning detergents should not be used on DAF AB institutional fabrics.

**UNDER PENALTY OF LAW THIS
TAG NOT TO BE REMOVED
EXCEPT BY THE CONSUMER**

**ALL NEW MATERIAL
Consisting of
100% THERMALLY BONDED
FIRE RESISTANT
POLYESTER STAPLE**

REG. NO. NC-769

Certification is made by the manufacturer
that the materials in this article are
described in accordance with law.

**BOB BARKER CO. INC
7925B PURFOY ROAD
FUQUAY-VARINA, NC 27526**

MADE IN USA

The receipt herein are all
from 2010 and are smaller
than originally intended.

Manufactured by:
Bob Barker Co., Inc.
7925 Purfoy Road
Fuquay-Varina, NC 27526

Date of Manufacture:

JUN 07 54 GDBL

Model:

Prototype ID: PJM25754-1

This mattress meets the requirements of
16 CFR 1633 (federal flammability (open
flame) standard for mattress sets) when
used without a foundation.

**THIS MATTRESS
IS INTENDED TO BE USED
WITHOUT A FOUNDATION**

WARNING

Improper cleaning and/or disinfection will shorten
the life of this product.

Cleaning/Disinfection Instructions

Soils and stains: use soft sponge with neutral
suds and warm water.
Hard to clean spots: use standard liquid
household vinyl cleaners
and soft sponge.
Pre-soak if needed.

Do Not Use

Harsh Cleaners or Solvents.

Disinfection: dilute disinfectants and/or
germicides as specified on
manufacturer's product label.

**Use Disinfectants Only
In Those Dilutions Recommended
By the Manufacturer.**

Bob Barker Company, Inc. Fuquay-Varina, NC 27526

Manufactured by:
Bob Barker Co., Inc.
7925 Purfoy Road
Fuquay-Varina, NC 27526

Date of Manufacture:

Model:

Prototype ID: PJM25754-1

This mattress meets the requirements of
16 CFR 1633 (federal flammability (open
flame) standard for mattress sets) when
used without a foundation.

THIS MATTRESS
IS INTENDED TO BE USED
WITHOUT A FOUNDATION

**UNDER PENALTY OF LAW THIS
TAG NOT TO BE REMOVED
EXCEPT BY THE CONSUMER**

**ALL NEW MATERIAL
Consisting of**

**100% THERMALLY BONDED
FIRE RESISTANT
POLYESTER STAPLE**

REG. NO. NC-769

Certification is made by the manufacturer
that the materials in this article are
described in accordance with law.

**BOB BARKER CO. INC
7925B PURFOY ROAD
FUQUAY-VARINA, NC 27526**

MADE IN USA

WARNING

Improper cleaning and/or disinfection will shorten
the life of this product.

Cleaning/Disinfection Instructions

Soils and stains: use soft sponge with neutral
suds and warm water.
Hard to clean spots: use standard liquid
household vinyl cleaners
and soft sponge.
Pre-soak if needed.

Do Not Use

Harsh Cleaners or Solvents.

Disinfection: dilute disinfectants and/or
germicides as specified on
manufacturer's product label.

Use Disinfectants Only

**In These Dilutions Recommended
By the Manufacturer.**

these receipts come from the
mattress and they are from
the year 2010.

Bob Barker Company, Inc. Fuquay-Varina, NC 27526

WARNING

Improper cleaning and/or disinfection will shorten the life of this product.

Cleaning/Disinfection Instructions

Solids and stains: use soft sponge with neutral suds and warm water.
Hard to clean spots: use standard liquid household vinyl cleaners and soft sponge.
Pre-soak if needed.

Do Not Use

Harsh Cleaners or Solvents.

Disinfection: dilute disinfectants and/or germicides as specified on manufacturer's product label.

Use Disinfectants Only

In Those Dilutions Recommended By the Manufacturer.

Bob Barker Company, Inc. Fuquay-Varina, NC 27526

The receipts herein are all from 1 mattress of which all of the mattresses come from the same company and are all declared to be too thin and not to verily be cleaned with the cleaners at N.Y.C.D.O.C. from their sister company corcraft and D.O.C.S.

**UNDER PENALTY OF LAW THIS
TAG NOT TO BE REMOVED
EXCEPT BY THE CONSUMER**

**ALL NEW MATERIAL
Consisting of
100% THERMALLY BONDED
FIRE RESISTANT
POLYESTER STAPLE**

REG. NO. NC-769

Certification is made by the manufacturer that the materials in this article are described in accordance with law.

**BOB BARKER CO. INC
7925B PURFOY ROAD
FUQUAY-VARINA, NC 27526**

MADE IN USA

Manufactured by:
Bob Barker Co., Inc.
7925B Purfoy Road
Fuquay-Varina, NC 27526

Date of Manufacture:

Model:

Prototype ID: PJM25754-1

This mattress meets the requirements of 16 CFR 1633 (federal flammability (open flame) standard for mattress sets) when used without a foundation.

**THIS MATTRESS
IS INTENDED TO BE USED
WITHOUT A FOUNDATION**